



AZ HIPAA Medicaid Consortium

Oct 08, 2003

2:00 PM to 4:00 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Lori Petre, AHCCCS

One of the Sign In sheets was not turned in, so other attendees were not accounted for in this document.

Attendees:

<u>ADHS/BHS</u>	<u>AmeriChoice</u>	<u>MCP & Schaller Anderson</u>
No Rep	No Rep	<i>Cathy Jackson-Smith</i>
<u>AHCCCS</u>	<u>APIPA</u>	<i>Veronica Rivera</i>
<i>Kyra Westlake</i>	<i>David Wormell</i>	<u>Maricopa Health Plan</u>
<i>Bruce Jameson</i>	<u>Care 1st Arizona</u>	No Rep
<i>MaryKay McDaniel</i>	No Rep	<u>Pinal LTC</u>
<i>Linda Stubblefield</i>	<u>CIGNA</u>	<i>Grace Palmer</i>
<i>Tom Forbes</i>	No Rep	<i>Maria Benavidez</i>
<i>Brent Ratterree</i>	<u>DES</u>	<u>PHP</u>
<i>Carrie Stamos</i>	<i>David Gardner</i>	<i>Greg Lucas</i>
<i>Deborah Burrell</i>	<i>Stan Hime</i>	<u>PHS</u>
<i>Mary Langan</i>	<i>Major Williams</i>	<i>Mark Hart</i>
<i>Dan Lippert</i>	<i>Nicole Yarborough</i>	<i>Mary Kaehler</i>
<i>Nancy Mischung</i>	<u>Evercare Select</u>	<u>UFC</u>
<i>Frank Straka</i>	<i>Bill Klassy</i>	<i>Kathy Oestreich</i>
<i>Dennis Koch</i>	<i>Jane Fowler</i>	<i>John Valentino</i>
<i>Mariaelena Ugarte</i>	<u>HCA</u>	<i>Eric Nichols</i>
<i>Jim McManus</i>	<i>Paul Benson</i>	<u>Verizon</u>
<i>James Nystedt</i>	<i>Ethan Schweppe</i>	<i>Marsha Solomon</i>
	<u>HCSD</u>	<u>Yavapai County</u>
	<i>Michael Wells</i>	<i>David Soderberg</i>
	<u>I.H.S.</u>	
	<i>Charolett Melcher.</i>	

1. Project Schedule Update (Lori Petre)

Questions re: 834 will be covered under the Implementation status item.

Contingency and Tracking meetings were held with each health plans that have elected a contingency.

Reporting problems will be discussed highlighting the difference in process from test to production.

The HIPAA Website will show the status of each Trading Partner for applicable transactions. A final revision of when the 834/820 companion doc will be published by the 16th.

The 837 Companion Document is in draft and will be reviewed in today's meeting.

Brent at a high level will discuss NCPDP, dates are currently TBD.

During a CMS call, a SNF provider told CMS that AHCCCS did not accept SNF claims electronically.

These claims are received by AHCCCS today electronically and are on UB, or can be submitted on the 837I.

Q: Is this an issue for any MCO?

A: Starting Monday night we resume the parallel runs, for contingency health plans.

Please note, this schedule does not reflect when other health plans will go live.

The 2nd sheet of the handout describes what we are doing with our FFS providers. We do plan on implementing the 837 for Claims on October 16th, via the Website.

Action Item: We will share with you which providers are certified, via the website.

835 Claims testing will begin this week.

Q: Are we going to get data?

A: 835 information only goes to the FFS providers not the health plans.

The last page reflects some of the encounters milestones.

Q: Do we have a contingency for encounters as well?

A: We will have a contingency option for all transactions, as implementation dates approach.

2. Implementation Status 834/820 (Nancy Mischung)

820 were run this morning, financial cycle ran last night. The files were put on your server this morning at 9:46a.m.

Action Item: We will review the 820-service level. The 820's take longer to run than 834's. We will see what service level we can meet and communicate this time to you.

Did anyone get pick up an 820 this morning? BHS did not get one.

A: Per Dick Azzi - Yes, they were created for BHS.

834 Suggestion: Check newborns, they were getting enrolled with a 10/01 date when should have been the date of approval.

Q: What dates did the 820 include?

A: 10/1-10/7 which included monthly payments.

834's – Two health plans are taking the 834 rosters and 834 processing was behind but on track now. No mapping changes so far.

Tom is working on an issue now that could impact mapping.

Q: Helpdesk does not know enough to field the calls, is there a buzz word, catch phrase, etc. that would help to get the problem reported to the appropriate party?

A: With calling the helpdesk the problem will be elevated appropriately. We can assure you that all the tickets are sent to a project manager, a team lead and the applications manager.

Health Plan Comment: Now that we are going thru production, overall it went great. We ran a recon with few exceptions.

AHCCCS: We had one mistake on the first FYI File and those files were corrected and put out Tuesday Morning.

FYI file used to be miscellaneous information such as coordination of care. This was a separate file and now it is all mapped on an 834.

Q: On the 834 we get the same individual with two different INSS?

The LTC contractors will be affected.

A: We have a ticket that we are looking at.

When we perform a QC we are not receiving the Emergency number. This applies to the LTC population.

Action Item: We will take a look at it.

Q: Can the # be attached to the name?

A: The TPL file still comes through; much info was not mapped because there was no place to map it. Which is why you are still receiving the TPL file.

Q: In the 2000 loop in the DTP element, disenroll actions the date value is a null or blank. The disenroll date is mapped.

We are not with the 024 maintenance.

It is also inconsistency sometimes its 303 or 356.

A: We need to see an example.

Action Item: We will review and open a ticket internally.

Action Item: lsd_cust_supp@ahcccs.state.us

Is our customer support address where the tickets are opened and they will be asked to always provide a ticket number.

There were QC points while in testing and are now not used in production.

Problems that are production issues only are to be sent to customer support.

3. 834/820 (Lori Petre)

Contingencies

If you need to change your dates either sooner or later please let us know ahead of time.

Reporting/Handling of Production Problems

Discussed above in previous conversation.

Reporting/Handling of Testing Problems

Use the Hipaa Workgroup address.

4. Follow-up Items (Lori Petre/Nancy Mischung/Brent Ratterree)

Local Codes (Lori Petre)

We had a few problems in the FFS items, mainly table setups, which have been resolved and local codes are in place.

Acknowledgements (Lori Petre)

If you are in production we expect to get those back. For the time being Lori will send questions regarding any issues that arise with acknowledgements directly to each health plans HIPAA contact.

Data Certification (Brent Ratterree)

We have received a few forms. You need a form for every file that you submit.

Q: Is that for everything.

A: It is presently only for encounters.

Q: We send six files on one day, then we need to send six certifications?

A: Yes the certification addresses the individual file. It is one form per file; otherwise the file will not be moved.

Co-Pay (Nancy Mischung)

Any questions, issues or problems? No comments received.

Many of these follow-ups will be removed from future agenda's.

Data Certification will be discussed as part of the Encounter conversations in the future.

834 implementation status - there was an issue with the prior plan letter and the transitional listing were not going out and now have been retrospectively posted.

Action Item: There was also a mistake in the Companion Guide in regards to those; the correction will be in the next publication.

5. Testing Status (Lori Petre):

We have completed formal testing as indicated in the schedule. CMS states that AZ has done very well, thanks to all of you for a great collective effort.

Q: When you only send the mental health information, are you going to terminate it and then send a new add? Or do we have add change term, not knowing what it really means.

Action Item: This will be verified.

Q: Are there effective dates for copays?

A: No

If it is an add then the dates of the add are used for the copays. If it is a change it is always the first of the following month, information is only received on the last daily.

6. Continued Encounters Design Discussions (MaryKay McDaniel/ Brent Ratterree):

FYI - Outpatient claims should not contain an ICD9 procedure code, it must be HCPCS.

CPT = Level 1 HCPCS

A-B = Level 2 HCPCS

Q: Did you say HCPC and CPT?

A: Either or, CPT is the level 1 and HCPCs are level 2. They are in reality both HCPCS.

CMS Medicare made the statement that they do not have any edits in place for that.

Q: When was it effective that the outpatient could not reflect ICD9s?

Action Item: This is a HIPAA rule, we will check if this is reflected in the UB manual.

We believe it is an 837 implementation.

Many changes were made in June that are effective October 16 in the UB manual.

The Mercator translator will not reject the transactions the way it sits today. The mainframe will do is an internal editing and you will receive a call from Brent.

Action Codes document

This mapping is an FYI only.

The county move out code is still an issue. It was removed, as it was no longer needed per the workgroup.

Q: Why is it not mapped to Termination of Benefits instead of leaving it blank?

Action Item: Tom is reviewing.

The other thing on the action codes that is not there, if an action type for FYI or TPL changes, currently they are falling into a 33.

This will also be reviewed.

Q: Why can't we have a change of location 43 for county out?

Action Item: We will make a note of this and address it.

837 Companion Guide

Only the individual elements that may or may not have an impact are listed in here. This is only a draft document.

Examples will be provided.

Things to ensure that the programmers are aware of are the Transaction Overview charts. Which was handed out August 13th.

Starting at page 25. Submitter Identifier.

The submitter is going to be your 6 position AHCCCS ID number, 3byte TSN and a 1 character input mode.

The Input Mode will normally be 2, for those of you sending denials – it will be “6”. If that 6 is not there then the files will not be processed correctly. This number is the only thing that ensures that the file is processed through encounters appropriately.

If you are electing to send the “6” Denied encounters send them as separate files.

If you have multiple RBHA's, separate who the RBHA is. The 3 byte TSN will allow sending separate files by RBHA.

Q: Do you send denials today?

A: Process has not changed.

If you deny an entire claim line, then that is submitted. If you deny a rev line on a UB you do not submit this.

The receiver name is AHCCCS and will be using the AHCCCS Tax ID.

For SBR09 we ask for "MC" - Medicaid, which forces some edits. It will look for a Medicaid id number.

The destination payer will also be AHCCCS in this situation.

The payer account number is now the true payer account number.

It is the account number the provider assigns for that patient, which the plan just passes through. The Health Plan Claim number is no longer the plan number. The Health Plan Claim number is in a separate field in the REF02 segment 2330b loop. Page 30. The health plan claim number will be sent back on the 277U. .

Q: What happens when we send a replacement CRN, what happens to the old CRN number?

A: That goes in the 2300 loop.

Claim Frequency Code – May need to be updated since it was changed in the new June 2003 UB manual, and may be alpha for encounters test pilot information.

These are mostly demonstration codes for Medicare and will apply for 1500s dental service, etc.

Unless a provider is in one of the demonstration projects, you are likely not to see any of these codes.

The Delay Reason Code at this point in time will be accepted. There will be no processing associated with the code today.

Action Item: Brent will put together in a longer term some uses for the delay reason code for timeliness.

The Sub Cap Code to Contract Type Code –

Action Item: A Contract Type Crosswalk will be put together of what is used today and what they will become.

00 is not a valid value. Strike the last sentence re: 09 in the Contract Type code Definition.

08 is the negotiated settlement.

The rest of the sub cap codes have not been worked out yet.

Total Purchased Service amount – will be used in conjunction with the purchase service provider. SBR01 will indicate who is the primary, secondary, and tertiary payer. There will be 2- 2320 loops.

The statement made is in relation to the health plan and the health plan coverage loop.

We are anticipating that the subscriber is always the member. If the patient loop appears the translator will reject the file upfront. In some instances with other types of insurance companies you can have a parent with other insurance. We are not expecting or accepting a patient loop.

Q: What about newborns?

A: The newborn is the subscriber, gets his or her own AHCCCS ID number at the time of birth.

Other payer information is needed to gather additional information. This information will not be edited against.

Q: The X12 has now published the 277 Healthcare acknowledgements 4040 transaction. It is a different transaction than the U277.

A: There has been no discussion on the 4040 acknowledgement. So when we talk about the U277 it is the 3070 version.

There are five different applications for the 277.

AHCCCS will continue with the U277 in the 3070 version. The implementation guide is still not available to be purchased. At this point you cannot get/purchase a final draft from WPC-EDI.com.

Q: Will you follow the 4040?

A: At this point of time there is no 4040 version to follow for the 277.

NCPDP

We asked for assistance from the members of the workgroups and we are considering a format from the 5.1 depending on those members' responses.

Q: What other format is being considered?

A: There are only discussions; there are no other options at this time.

We recently had a request for the top 25 drugs used, therefore if we do not have that detail information that you provide then we could not provide this info to the requesting entities.

Other

Applications went from 4 project managers to 5 effective September 29th.

Dennis Koch manages the Mercator team.

Dan Lippert manages the Recipient Team.

Mary Langan manages Claims and Encounters.

Judy Walker manages Reporting.

Frank Straka manages Web and Ace.

Meeting adjourned.

Next meeting is October 29th.

Meeting adjourned.